In 1869 Dr. George F. Foote and public-spirited citizens in Orange County and other sections of the state, who were desirous of applying the principles of the Hahnemannian school of medicine to the cure and relief of the insane, endeavored to raise money by subscription for a private asylum. To this end about $75,000 was subscribed, and $50,000 actually paid in. With this money a farm of about 200 acres, located within a mile of Middletown, Orange County, N. Y., was purchased, a plan determined upon, and foundation walls begun. Finally an appeal for funds wherewith to complete the institution was made to the State Legislature, and in 1870 it became a duly incorporated state institution, designated as “The State Homeopathic Asylum for the Insane at Middletown.”

The erection of the building was put into the hands of Carl Pfieffer, architect, Lyons, Fellows & Bunn, builders, and the Building Committee, Grinnel Burt, Dr. J. Draper, E. P. Wheeler and Daniel Thompson. The original plan of the asylum contemplated a main or administrative building, four pavilion buildings, two on either side of the central edifice and connected therewith by corridors, and a boiler and laundry house.

The main or administrative building was in readiness for the reception of patients on April 20, 1874, and the first patient was received on the 7th day of the succeeding month. Dr. Foote having resigned, Dr. Henry R. Stiles was made superintendent.

His work at Middletown covered the time of construction of the first two buildings, their furnishing, and the organization of the working forces. This work was most successfully accomplished by Dr. Stiles.

Dr. Stiles served the institution until February 9, 1877, and then resigned.

The buildings completed during Dr. Stiles’ administration were the main or administrative building and Pavilion No. 1, the former four stories high, exclusive of attic and basement, each floor affording an area of 12,000 square feet. Its architecture is of the Rhenish style, and the edifice is of the best brick, with Ohio stone dressing. In the construction of this building the greatest pains were
taken to make it fireproof, and its interior finish, in every respect of detail, is most admirable, both as to design, material and workmanship. Pavilion No. 1 is 204 feet in length and three stories in height above the basement, with wings on the southerly end 70 feet deep, and on the northerly end 100 feet deep, of brick and half-timbered work, so constructed as to give the appearance of three different villas, slightly connected by balconies and glass-covered galleries.

In 1875 the Board of Trustees, reduced from 21 members to 13, appointed Dr. Selden H. Talcott to succeed Dr. Stiles.

Coming at a time when old-time methods of labor, detention, seclusion, chemical and mechanical restraints were in vogue, Dr. Talcott turned naturally to the study of hospital methods for the care and relief of the insane. He believed that the insane should, as far as possible, be treated as sick people. Most of the new patients admitted were put to bed, and their physical needs were as carefully looked after as were their mental needs.

When Dr. Talcott came to Middletown there were about 100 patients. Gradually the number increased and more accommodations were needed, and in 1881 Pavilion No. 2 was completed. This structure is 204 feet in length by 40 feet in width, with a wing extending to the rear a distance of 70 feet. The building is four stories in height and in general outline corresponds with that of Pavilion No. 1.

During the next few years a block of day rooms was added to the men’s department, and also one to the women’s department. A kitchen and bakery building was erected, and a house for the superintendent was completed.

A building for worship and for entertainment had long been needed, and an appropriation for a suitable building was secured. This building will seat 600 people. Religious services are now held regularly each Sunday in the chapel, and frequent entertainments are given in addition to the weekly dances.

At the close of the fiscal year ending September 30, 1889, there were in the institution about 514 patients. More accommodations, especially for men, were an imperative necessity, and an
appropriation for a building, which is known as Annex No. 1, was secured and the building erected. The central portion of this building contains on each floor a large hall, which is used for a dining room and day room. The wings are divided into rooms for patients, of which there are 46, separated by a corridor 10 feet wide. The staircase, which is inclosed in a fireproof stair hall, is composed entirely of iron and slate. On each floor are generously large lavatories, bath room, butler’s pantry, linen closet, dumb waiter, etc. Great care was taken to have every room, corridor and closet well lighted. The day rooms have groups of windows on three sides, and every window opens upon the outer air, there being no light shafts or wells.

Dr. Talcott established a training school in the spring of 1888, and since that time there have been graduated 181 nurses, and there are now in the service of the hospital 47 trained nurses.

In August, 1889, the institution received $2959.11 from the executors of Miss Leonora S. Bolles, of Garden City, Queens County, N. Y., and with this money a library was erected and named “The Leonora S. Bolles Memorial Library.” It is a one-story structure, designed in imitation of the Greek Parthenon. The library now contains 7128 volumes, and is open daily for the use of the patients and employees of the hospital.

In 1889 the State Commission in Lunacy was created and the commission assumed most of the duties and functions formerly belonging to the Board of Trustees. The name of the institution was changed to the “Middletown State Homeopathic Hospital.” Soon after, the patient population of the hospital was swelled by the reception of patients from the almshouses of this hospital district, and the next year an appropriation of $110,000 was made for buildings to accommodate increased numbers. With this money two buildings were erected, the one now known as Talcott Hall and the other as Annex No. 2.

Talcott Hall is two stories in height. The facade of one of the wings of the building is 117 feet 8 inches, the other 134 feet over all. The first story provides for an infirmary; in the extreme end of the other wing is a dining room. At the outer junction of the two wings is a day room, octagonal in form and well lighted. This section of the building, and also the section in which the dining room is located, is three stories high. There are 21 rooms on each of the first and second floors. Adjoining
the infirmary are a lavatory, bath room, linen closet, and also a room for water closets, approached from the lavatory and from the infirmary.

Annex No. 2 is smaller in dimensions than Talcott Hall, and is in the form of the letter T. A portion of the main structure is three stories high and a portion two stories.

Two cottages for women convalescent patients were erected in 1891. They are of wood, constructed upon the slow combustion plan. These buildings accommodate 70 patients.

Two homes for nurses were begun in 1893, and in the following year these buildings were completed and occupied. The removal of the attendants and nurses from the wards to these homes increased the capacity for patients by 64.

In 1901 a cold storage building was erected, of brick, with a slate mansard and tin roof, and attached to the kitchen building.

On the 24th of April, 1902, Dr. Talcott rounded out his 25 years of service. There were then in the institution nearly 1300 patients, and the admissions during the hospital’s life aggregated 6000 and over. His death came as a climax to his splendidly successful career on June 15, 1902.

During 1902 the members of the Board of Managers were reduced from 13 to 7, and the name changed to that of Board of Visitation.

Dr. Talcott was succeeded on June 15, 1902, by Dr. Maurice C. Ashley, the present superintendent. In 1905 a new surgical and clinical pavilion was built. This building is of brick, two stories in height, with basement and attic. The first story is divided into a room for surgical operations, one for gynecology, one for examination and etherization, and one each for ophthalmology, electrotherapy, instrument sterilization, linen room, toilet and bath. On the second floor there are five bed rooms, a linen closet, and toilet and bath rooms.

During the same year ground was broken for a building for chronic patients, and it was completed in 1908. This building, which is known as the West Group, is of brick, with bluestone trimmings and
slate roof. The extreme length is 432 feet by 140 feet wide, and three stories and finished attic in height. It was designed to accommodate about 500 patients and the necessary number of employees, and it is now occupied by chronic insane women who were transferred here from the metropolitan hospitals.

A new coach house was built in 1908. It is one and one-half stories in height with basement. The walls are of common field stone and concrete, with exposed timber work, the latter stained a mission brown. The roof is of weathered shingles.

The completion of a new nurses’ home in 1910 added 150 to the capacity of the hospital. The building is T-shaped and three stories high. It is of common red brick and concrete with slate roof, and a veranda on the front and at either end. The unmarried men occupy one end of the building, while the unmarried women occupy the opposite end. The center wing is occupied by the married couples. The reception and reading room is on the first floor front and center. Ample toilet and bathing facilities are provided, and in the basement bowling alleys, pool tables, and other facilities for amusement.

A small isolation pavilion, arranged for the accommodation of 20 patients, was opened in 1910. It is of frame construction, one story in height.

A much-needed improvement was the day rooms for the annexes. They have done much to increase the comfort and lessen the irritability of the patients who occupy the annexes.

In 1909 a building in which to care for the acute insane of this hospital was begun. It was finished and ready for occupancy by October 10, 1910, and was designated “Ashley Hall.” This structure is of red pressed brick, with green tile roof. The two main wings are two stories in height, while the center portion is three stories. The central part of the first story front is arranged for the accommodation of the medical officers, pharmacy, laboratory, reception and dining rooms. The second story front furnishes quarters for the resident physicians, and the third story front is designed for the nurses’ sleeping quarters. Directly in the rear of the center and on the first floor are two dining rooms for patients, a serving room, and a kitchen with modern equipment. Each wing provides on the first floor for 25 patients. There is a small infirmary ward (ten beds), two small
dormitories (five beds each), five single rooms, an examination room, special diet kitchen, toilets, bath room, linen room and lavatory. Directly in the rear of each infirmary is a small one-story section for disturbed patients, with provisions for prolonged baths. The second story is arranged very much as the first, except that there is no section for disturbed patients. Provision is made on this floor for hydrotherapy and electrotherapy. There is a large veranda on each floor at either end of the building, and one at the end of each disturbed section. The building is comfortably furnished, the main object being to create a homelike atmosphere in a sanitary and hygienic hospital.

Practically all patients are admitted to Ashley Hall, and the recoverable patients are cared for here until they are ready to return to their homes. They do not come into close association with the chronic and deteriorated patients, who make up the greater number of those in the other wards. Patients whose symptoms show evidence of chronicity and who are not in need of special care are transferred to other wards as soon as possible; but if their stay is likely to be beneficial to them, though they may be chronic cases, they are detained in this building for treatment.

A staff house and a cottage for the first assistant physician were also completed during 1910. The staff house is of native cobble and cut stone and red wire-cut pressed brick. It is two stories high, with basement and attic. The roof is of green slate. The building is designed to accommodate seven physicians. Each physician has a bedroom and library. There is a guest room, a reception room, a parlor, a dining room, two suites, two bath rooms and a central hall on the first floor. A veranda extends about two-thirds across the front. On the second floor there are five suites, two bath rooms, a linen room and a central hall. The kitchen and maids’ dining room are in the basement.

The institution now consists of 12 buildings for the care of patients, with a large and well-equipped laundry, a cold storage building, machine and carpenter shops, and farm buildings. A modern power plant is under construction, as are also a modern bakery and an industrial building.

The total acreage of the grounds is 281; the value of the real estate, including buildings, is $1,625,000; the value of the personal property is $135,000.
The daily average population for 1911 was 2004. About 9124 patients have been treated since the opening of the institution. There are ten physicians, including the superintendent, and 396 employees.

The staff meets with the superintendent daily, except Sunday, to make reports concerning the service over which each physician has immediate supervision, to present for preliminary study all new cases, to read the histories of these same patients when completed, to discuss ways and means of being of the greatest assistance to the patients, to exchange ideas concerning medical topics, to present autopsy findings, and, in fact, to consider any and all matters pertaining to the medical affairs of the hospital.

While the hospital has not yet been able to entirely abolish mechanical restraint, it has with the present nursing force been successful in reducing its use to a minimum. Of the 683 men patients treated during the past year, but nine were at any time subjected to the use of mechanical restraint, and of these nine three were restrained for other than surgical reasons. Of the 1380 women patients treated during the same period ten were restrained. While this statement covers but one year, it fairly represents the number of patients restrained during any one of the past eight or nine years. There have frequently been weeks at a time when there has not been a single patient in restraint.

The open-door system, which was inaugurated in 1903, has been gradually extended until now there are four open wards in the men’s department and five in the women’s department. The results have been fully up to the expectations. All patients are required to sign an agreement not to leave the hospital premises without permission. It is gratifying to see how well the agreements are kept, and how few of the patients take advantage of the increased liberty.

A few years ago the experiment was begun of leaving the doors of the patients’ rooms on one ward unlocked at night. This proved to be so satisfactory that the practice on this ward was extended to the wards of the entire institution.

The question of occupation receives careful consideration, and every legitimate effort is made to induce each able-bodied patient to do some useful work. Some are employed on the farm, in the gardens and on the lawns; others in the shops, about the power plant and in the laundry and
kitchens; and still others in the tailor shop, in the sewing and mending rooms and on the wards. Some of the women patients find congenial occupation in basket making and fancy needle-work, much of which is offered for sale at the patients’ fair.

During the year 1910 a Mental Hygiene and After-Care Committee was organized for this hospital. It consisted of Mr. Edwin T. Hanford, president; Miss Elizabeth A. Royce, secretary; Mrs. David W. Corbett, Mrs. Charles E. Townsend, Miss Ruth Taylor, Mr. William A. Lawrence, and the superintendent of this hospital. This committee has been of assistance in finding permanent or temporary homes for some of the recovered, as well as chronic harmless patients.